



U.S. Department of Justice

Federal Bureau of Prisons

Northeast Regional Office

VIA FAX

*U.S. Custom House
2nd & Chestnut Streets - 7th Floor
Philadelphia, PA. 19106*

July 12, 2007

Daniel W. Levy, Esquire
Assistant U.S. Attorney
U.S. Attorney's Office for the
Southern District of New York
One Street, Andrew's Plaza
New York, NY 10007

Re: United States v. Philip Colasuonno

Dear Mr. Levy:

Thank you for your recent inquiry concerning the Federal Bureau of Prisons (BOP) ability to provide adequate health care for federal prisoners with significant, acute or chronic medical conditions. Specifically, you have asked whether, based on the available information, the BOP can provide the necessary and appropriate care for Mr. Colasuonno should he be incarcerated in a federal correctional facility.

I am only aware of Mr. Colasuonno's medical condition as described by the documents you provided this office, namely, two letters by Dr. Ozick, dated March 7, 2007, and March 27, 2007, as well as medical notes from Amicore dated March 27, 2007. The aforementioned documents suggest that Mr. Colasuonno has experienced various cardiac events, has diabetes, and has hypertension. In January, 2007, Mr. Colasuonno had a cardiac catheterization, angioplasty, as well as coronary bypass surgery with recurrent obstructive coronary disease post bypass.

If committed to the custody of the BOP, Mr. Colasuonno may be reviewed for designation by the Bureau of Prisons Office of Medical Designations. At that time, a determination would be made as to the appropriate facility in which to designate him. Every BOP institution is equipped to deal with medically ill inmates. Each institution runs a number of chronic care clinics whose purpose it is to provide routinely scheduled quality care to medically ill inmates, as well as to stay cognizant of any changes in medical conditions that may arise. These clinics include a cardiac clinic, a diabetic care clinic, a hypertension

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care clinic, an endocrine/lipid clinic, an infectious disease care clinic, and a pulmonary clinic. Inmates enrolled in these clinics are seen at a minimum on a quarterly basis, and more often if medically necessary. Based on recent data obtained, the Bureau of Prisons houses over 170,000 inmates, including over 13,000 with hypertension, 1,400 for coronary artery disease, 3,500 with cardiac disease, 2,800 with arteriosclerotic heart disease, 1,300 with cardiac arrhythmia, 1,500 with carotid artery disease, and 800 with congestive heart failure.

Upon Mr. Colasuonno's arrival, health services staff would meet with him, perform a physical examination, and set up a treatment plan to meet his medical needs. Based on Mr. Colasuonno's medical history he will likely be placed in the cardiac care clinic, the diabetes clinic, and the hypertension clinic so that his medical conditions are closely monitored and treated. The BOP has an extensive formulary which can provide Mr. Colasuonno with the medications he needs to control his heart condition. According to the documents provided, Mr. Colasuonno has been treated with the following medications: Accupril, Avandla, Folic Acid, Glucophage, Isoosorbide Mononitrate, Nitroglycerin, Omega-3, Toprol, Triamtererone, Tricor, Valium, Xanax, and Zocor. The BOP has these medications, or their appropriate substitutions, on its formulary. If it is determined that these medications are needed by Mr. Colasuonno to treat his medical condition, he will be given them. Inmates are given their medication on a daily basis as many times as medically required. Depending on the type of medication and the institution, inmates either receive their medication through pill line, or in the alternative, by maintaining a supply of medication in their cell.


BOP institutions are accredited by the Joint Commission on Accreditation for Health Care Organizations, which sets the medical, surgical, and psychiatric standards for hospitals nationwide. Additionally, each BOP institution contracts with medical centers in the local vicinity to provide specialized medical treatment. These medical centers offer BOP inmates access to MRI, CT Scans, and other diagnostic tools. When medical emergencies and the need for surgical procedures arise, these major medical centers offer the Bureau a wide range of trained surgical specialists. Each institution has procedures in place to contact local emergency transportation teams for the timely transportation to one of the local medical centers.

Based on the information provided to me and my knowledge of BOP's medical resources, the BOP will be able to provide

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appropriate care for Mr. Colasuonno. If I can offer any further information in this matter, please do not hesitate to contact me.

Sincerely,



Barbara J. Cadogan
Health Systems Administrator